



FOR OFFICE USE ONLY

Beginning Date: _____

Expiration Date: _____

Resignation Date: _____

Entered: _____

Town Health Officer Recommendation Form

Recommendation for: ☐ Health Officer ☐ Deputy Health Officer

This is a: ☐ New Appointment ☐ Re-appointment

Is a resignation letter needed from previous Town Health Officer? ☐ Yes ☐ No

Start Date: _____ Town/Municipality: _____

County: _____ Full Name: _____

Home Delivery Address: _____
(DO NOT USE the Town Clerk Office or a Business for your Home Address)

Street Address for UPS Deliveries: _____

Email Address: _____

Telephone: W: _____ H: _____ Cell: _____

Education: High School _____ College _____ Other _____

Professional Degree: ____ (e.g. MD, RN, DVM, DDS) Occupation: _____

Please give a brief statement noting why the select board believes the recommended individual will make a good Health Officer:

Signed: _____

Chair of the Select Board

Date

Print Name _____

Return completed recommendation form to:

VT Dept. of Health/Environmental Health • 108 Cherry Street • PO Box 70 • Burlington, VT 05402
Toll-Free Telephone: 800-439-8550 Fax: 802-863-7483